Fill in this information to identify	your case:								
Jemela Ruby Da	aniels								
First Name	Middle Name	Last Name							
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name							
United States Bankruptcy Court for the:	Eastern District of New Yo	ork							
Case number		,		Check if thi	is is:				
(If known)					ended filing				
					ement showing postpetition chapter 13 as of the following date:				
Official Form 106I				MM / DD					
Schedule I: You	ır Income			WIW 7 BB	12/15				
		anle are filing toge	othor (Dobto	r 1 and Dahtar	r 2), both are equally responsible for				
supplying correct information. If ye	ou are married and not fili use is not filing with you, o e top of any additional pag	ng jointly, and yo do not include info	ur spouse is ormation ab	living with your spou	ou, includ <mark>e information a</mark> bout you <mark>r s</mark> pouse. se. If more sp <mark>ac</mark> e is need <mark>ed, attac</mark> h a				
1. Fill in your employment		5.1.			211 2 50				
information.		Debtor 1			Debtor 2 or non-filing spouse				
If you have more than one job, attach a separate page with	Employment status	Employed			Employed				
information about additional employers.	Employment status	☐ Not employed	ed		Not employed				
Include part-time, seasonal, or self-employed work.) —				
Occupation may include student	Occupation	Patient Access Supervisor							
or homemaker, if it applies.	New York Presbyterian Hospital								
	Employer's name								
	Employer's address	622 West 1	68th Stree	t					
4	Number Street				Number Street				
		4V							
		ــــــــــــــــــــــــــــــــــــــ							
	New York, NY 10032 City State ZIP Code			City State ZIP Code					
	How long employed the	,	State Zii	Code	State Zii Gode				
	W.								
Part 2: Give Details About	t Monthly Income								
Estimate monthly income as of spouse unless you are separated lf you or your non-filing spouse ha	l	-		-	te \$0 in the space. Include your non-filing r that person on the lines				
below. If you need more space, a	ttach a separate sheet to th	is form.			·				
			For	r Debtor 1	For Debtor 2 or non-filing spouse				
List monthly gross wages, sal deductions). If not paid monthly,			2. \$	4,926.87	\$				
3. Estimate and list monthly over		3. +\$	0.00	+ \$					
4. Calculate gross income. Add li	ine 2 + line 3.		4. \$	4,926.87	\$				

Official Form 106l Schedule I: Your Income page 1

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Debtor 1

Jemela Ruby Daniels
First Name Middle Name Last Name

Case number (if known)_

			Fo	or Debtor 1		For Debtor 2 or non-filing spou			
	Copy line 4 here	1	\$	4,926.87		\$			
	List all payroll deductions:	→ 4.	Φ_			Φ			
J. .	• •	_		770.38		_			
	5a. Tax, Medicare, and Social Security deductions	5a.	-			\$			
	5b. Mandatory contributions for retirement plans	5b.	\$_	0.00		\$			
	5c. Voluntary contributions for retirement plans	5c.	\$_	0.00		\$			
	5d. Required repayments of retirement fund loans	5d.	\$_	0.00		\$			
	5e. Insurance	5e.	\$_	253.63		\$			
	5f. Domestic support obligations	5f.	\$_	0.00		\$			
	5q. Union dues	5g.	\$_	0.00		\$			
	5h. Other deductions. Specify: Transportation and parking	5h.	+\$	290.33		+ s			
	on. Other addadations. opeonly.	011.	· Ψ_ \$	0.00		\$			
			Ψ_	0.00		\$	-6		
	Supplemental Life		Ψ_	24.27		\$	- 1		
			Ψ_			Ψ			
6.	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$.	6.	\$_	1,338.61		\$			
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	3,588.26		\$			
8.	List all other income regularly received:								
	8a. Net income from rental property and from operating a business, profession, or farm								
	Attach a statement for each property and business showing gross								
	receipts, ordinary and necessary business expenses, and the total		\$	0.00		2			
	monthly net income.	8a.	Ψ_		_	Ψ			
	8b. Interest and dividends	8b.	\$_	0.00	U	\$			
	8c. Family support payments that you, a non-filing spouse, or a depende regularly receive	nt							
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$_	600.00		\$			
	8d. Unemployment compensation	8d.	\$_	0.00		\$			
	8e. Social Security	8e.	\$_	0.00		\$			
	8f. Other government assistance that you regularly receive								
	Include cash assistance and the value (if known) of any non-cash assistance								
	that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.								
	Specify:	8f.	\$_	0.00		\$			
	8g. Pension or retirement income	8g.	•	0.00		¢			
			Ψ_	0.00		Ψ			
	8h. Other monthly income. Specify:	8h.	+ \$_		1 P	+\$			
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$_	600.00		\$			
10	Calculate monthly income. Add line 7 + line 9.			4.400.00				4.41	20.26
	Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10	. \$_	4,188.26	+	\$	-	\$4,10	88.26
	State all other regular contributions to the expenses that you list in Sahara	ماريام	,—		i L				
	State all other regular contributions to the expenses that you list in Scheolinclude contributions from an unmarried partner, members of your household, you			dents vour roc	hmm	nates and other			
	friends or relatives.	, oui c	, opon	aonto, your roc	,,,,,,,,	iatos, ana otnor			
	Do not include any amounts already included in lines 2-10 or amounts that are	not a	vailab	le to pay expe	nses	s listed in Schedu	ıle J.		
	Specify:						11. +	\$	0.00
12.	Add the amount in the last column of line 10 to the amount in line 11. The	resul	lt is th	e combined m	onth	ly income.			20.00
	Write that amount on the Summary of Your Assets and Liabilities and Certain S					•	12.	\$4,18	38.26
								Combine	
13	Do you expect an increase or decrease within the year after you file this t	form	?					monthly	income
	✓ No.								
	☐ Yes. Explain:								